



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SAMER TAWAKKOL MD
12121 RICHMOND AVE STE 408
HOUSTON TX 77082

Respondent Name

Liberty Insurance Corp

Carrier's Austin Representative

Box Number 01

MFDR Tracking Number

M4-13-1062-01

MFDR Date Received

December 27, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We are dissatisfied with the Liberty Mutual Insurance carrier final action on the medical bills after we have filed a two-level appeal."

Amount in Dispute: \$10,400.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bill and documentation attached to the medical dispute have been re-reviewed and no adjustment has been made."

Response Submitted by: Liberty Mutual, 303 Jesse Jewell Parkway S.E., Suite 500, Gainesville, GA, 30501

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 9, 2012	29877, 29874, 29875, 20610	\$10,400.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out medical bill submission requirements for health care providers.
3. 28 Texas Administrative Code §134.203 sets out the fee guideline procedures for professional medical services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - U693 – BY CLINICAL PRACTICE STANDARDS, THIS PROCEDURE IS INCIDENTAL TO THE RELATED PRIMARY PROCEDURE BILLED.
 - 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT HIS CLAIM WAS PROCESSED PROPERLY.

- U008 – THIS SEPARATE INDEPENDENT PROCEDURE IS CONSIDERED AN INTEGRAL PART OF THE TOTAL SERVICES PERFORMED AND DOES NOT WARRANT A SEPARATE CHARGE.
- X212 – THIS PROCEDURE IS INCLUDED IN ANOTHER PROCEDURE PERFORMED ON THIS DATE.

Issues

1. Did the requestor support use of the 59 modifier?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, “for coding, billing, reporting and reimbursement of professional medical services. Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; ...and other payment policies in effect on the date a service is provided...” The medical bill for the services in dispute included the “59” modifier. American Medical Association Current Procedural Terminology (AMA CPT) describes the 59 modifier for use in identifying procedures/services that are not normally reported together, and that are not ordinarily encountered or performed on the same day by the same physician. According to Medicare Learning Network Matters (MLN) Number, SE0715, these would include a different session or patient encounter, procedure or surgery, site or organ system; or a separate incision/excision, lesion or injury (or area of injury in extensive injuries).

The description of billed service 29881 is as follows; “Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty). Same or separate compartment(s), when performed.” The medical documentation including the document titled “Operative Report” states;

- a. Arthroscopic portals were made
- b. The wound was then covered

Review of this information did not support a different session, procedure or surgery, site, separate incision/excision therefore, use of the 59 modifier is not supported. Consequently these codes cannot be considered a separate service. The division concludes that the requestor did not meet the requirements of §134.203(b)(1).

2. Application of Correct Coding Initiative (CCI) edits in accordance with 28 Texas Administrative Code §134.203(b)(1) indicates that 29877, 29874, 29875 and 20610 are not separately payable when billed along with 29881.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

November 25, 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.